

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2005 8:00 am
Secretary of State

05-24-2005 90001 001 ****61.25
 05-24-2005 90001 002 ****61.25

66018518



DOCUMENT # N32562
 1. Entity Name
 VICTORIA ISLES HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
 301 W CAMINO GARDENS BLVD
 200
 BOCA RATON, FL 33432 US

Mailing Address
 301 W CAMINO GARDENS BLVD
 200
 BOCA RATON, FL 33432 US

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country Zip Country

04212005 Chg-NP CR2E037 (10/03)

4. FEI Number
 65-0146214

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 GLEN MANAGEMENT SERVICES INC
 301 W CAMINO GARDENS BLVD
 200
 BOCA RATON, FL 33432

7. Name and Address of New Registered Agent
 Name **AKAM SOUTH INC.**
 Street Address (P.O. Box Number is Not Acceptable)
6421 CONGRESS AVE. SUITE 110
 City **BOCA RATON** FL **33487**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Ellen Lohr* **ELLEN LOHR** **5/1/05**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$81.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YUTER, ELISE 301 W CAMINO GARDENS BLVD BOCA RATON, FL 33432 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMITH, JUDITH 301 W CAMINO GARDENS BLVD BOCA RATON, FL 33432 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP REINHARD, PETER 301 W CAMINO GARDENS BLVD BOCA RATON, FL 33432 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GERSHOWITZ, DEBRA 301 W CAMINO GARDENS BLVD BOCA RATON, FL 33432 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERKOWITZ, BONNIE 301 W CAMINO GARDENS BLVD BOCA RATON, FL 33432 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10


TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JUDITH SMITH <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4125 NW 58TH LN BOCA RATON FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PETER REINHARD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5705 NW 42ND CT. BOCA RATON 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROBERT EASTMAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4070 NW 58TH LN BOCA RATON FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IAN BERKOWITZ <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5820 NW 42ND WAY BOCA RATON FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JEFFERY GERSTLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5855 NW 42ND WAY BOCA RATON FL 33496

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert Eastman Treasurer* **5/1/05**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

DOCUMENT # N32562 1. Entity Name VICTORIA ISLES HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business 301 W CAMINO GARDENS BLVD 200 BOCA RATON, FL 33432 US		Mailing Address 301 W CAMINO GARDENS BLVD 200 BOCA RATON, FL 33432 US	
2. Principal Place of Business AKRM SOUTH INC. Suite, Apt. #, etc. Suite 110		3. Mailing Address 6421 CONGRESS AVE Suite, Apt. #, etc.	
City & State BOCA RATON FL		City & State BOCA RATON FL	
Zip 33487 Country USA		Zip Country	
8. Name and Address of Current Registered Agent GLEN MANAGEMENT SERVICES INC 301 W CAMINO GARDENS BLVD 200 BOCA RATON, FL 33432		7. Name and Address of New Registered Agent Name AKRM SOUTH INC. Street Address (P.O. Box Number is Not Acceptable) 6421 CONGRESS AVE SUITE 110 City BOCA RATON FL Zip Code 33487	
9. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Ellen Loh</i></u> DATE <u>5/1/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			
TITLE	PD <input checked="" type="checkbox"/> Delete YUTER, ELISE STREET ADDRESS 301 W CAMINO GARDENS BLVD CITY-ST-ZIP BOCA RATON, FL 33432	TITLE SD	JAN BERKOWITZ <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS 5820 NW 42ND WAY CITY-ST-ZIP BOCA RATON FL 33496
TITLE	TD <input type="checkbox"/> Delete SMITH, JUDITH STREET ADDRESS 301 W CAMINO GARDENS BLVD CITY-ST-ZIP BOCA RATON, FL 33432	TITLE O	JUDITH SMITH <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS 4125 NW 58TH LANE CITY-ST-ZIP BOCA RATON FL 33496
TITLE	VP <input type="checkbox"/> Delete REINHARD, PETER STREET ADDRESS 301 W CAMINO GARDENS BLVD CITY-ST-ZIP BOCA RATON, FL 33432	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S <input checked="" type="checkbox"/> Delete GERSHOWITZ, DEBRA STREET ADDRESS 301 W CAMINO GARDENS BLVD CITY-ST-ZIP BOCA RATON, FL 33432	TITLE PO	JEFFERY GEARTEL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS 5855 NW 42ND WAY CITY-ST-ZIP BOCA RATON FL 33496
TITLE	D <input checked="" type="checkbox"/> Delete BERKOWITZ, BONNIE STREET ADDRESS 301 W CAMINO GARDENS BLVD CITY-ST-ZIP BOCA RATON, FL 33432	TITLE TD	ROBERT EASTMAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS 4070 NW 58TH LN CITY-ST-ZIP BOCA RATON FL 33496
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u><i>Ellen Loh</i></u>		Date <u>5/1/05</u>	